



**City of Marlborough  
POLICE DEPARTMENT**

355 Bolton St  
Marlborough, Ma. 01752  
Phone: 508-485-1212  
Fax: 508-624-6949



MARK F. LEONARD  
Chief of Police



**DEMENTIA / COGNITIVE  
ISSUE ALERT FORM**



This is a cooperative effort of the Marlborough Police Department and the Marlborough Council on Aging to assist caregivers of individual's with dementia or cognitive issues. The data provided is to be used to assist in the investigation of a person who is reported missing.

Return completed form to:

**MARLBOROUGH POLICE DEPARTMENT  
355 BOLTON STREET  
MARLBOROUGH, MA 01752  
C/O SGT RICHARD OLDROYD**

Or email: [roldroyd@marlborough-ma.gov](mailto:roldroyd@marlborough-ma.gov)

Fax: 508-624-6949

Attach recent photo here Head  
and Shoulder if possible

**INFORMATION**

Name: \_\_\_\_\_ D.O.B.: \_\_\_\_\_

Race: \_\_\_\_\_ Height: \_\_\_\_\_ Weight: \_\_\_\_\_ Eyes: \_\_\_\_\_ Hair: \_\_\_\_\_

Verbal or Non Verbal: \_\_\_\_\_ Primary Language: \_\_\_\_\_

Identifying Marks: \_\_\_\_\_ Right Handed: \_\_\_\_\_

Tattoos, scars, prosthesis: \_\_\_\_\_ Left Handed: \_\_\_\_\_

Does the Individual Attend a Daycare? Yes: \_\_\_\_\_ No: \_\_\_\_\_

If Yes where: \_\_\_\_\_

Individual's Physician Name: \_\_\_\_\_ Physician's Ph.: \_\_\_\_\_

Medications: \_\_\_\_\_

Any additional physical problems? \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_



## DEMENTIA / COGNITIVE ISSUES FORM

Does the Individual Drive? Yes: \_\_\_\_\_ No: \_\_\_\_\_ Have Access to a Car? Yes: \_\_\_\_\_ No: \_\_\_\_\_

If Yes, Reg/Plate Number: \_\_\_\_\_ Sate: \_\_\_\_\_ Model: \_\_\_\_\_

Make: \_\_\_\_\_ Year: \_\_\_\_\_ Color: \_\_\_\_\_

Does the individual carry identification? Yes: \_\_\_\_\_ No: \_\_\_\_\_ If Yes, what? \_\_\_\_\_

Does the individual have any particular habits? \_\_\_\_\_

Is the individual physically aggressive? Yes: \_\_\_\_\_ No: \_\_\_\_\_

Other Helpful Information: \_\_\_\_\_

Hobbies and/or favorite locations: \_\_\_\_\_

If reported missing before, where have they been found? \_\_\_\_\_

### CAREGIVER INFORMATION

Individual lives with: \_\_\_\_\_

Relationship to individual: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_ City/Town: \_\_\_\_\_ State: \_\_\_\_\_

**Contact 2.** Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_ City/Town: \_\_\_\_\_ State: \_\_\_\_\_

**Contact 3.** Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_ City/Town: \_\_\_\_\_ State: \_\_\_\_\_

### RELEASE FORM

I, \_\_\_\_\_, give my permission for the Marlborough Police Department to retain this information, to be kept confidentially on file for the purposes of identification and assistance relative to DEMENTIA/COGNITIVE Issues Alert efforts and related investigative activities.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_